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rupter devised by the author. The right arm of the subject was placed at rest upon the other table with the elbow bent at an angle of 45° . In this position the muscles were contracted sufficiently to support a weight of 5 or 10 kilos, according to the strength of the subject. This position was maintained for some seconds, on an average about forty. This gave a static contraction of the right arm, *i. e.*, a contraction in which no movement takes place but the resistance of the weight is just counterbalanced. During this contraction, the time of the reflex contraction of the left arm to electric stimulus was taken. When fatigue began to set in, as was indicated by the trembling of the arm sustaining the weight, the reflex time of the left arm was again taken, and again after the release of the right arm from the weight. These results were compared with the simple reflex time without the static contraction, thus giving four series of reactions. These series were obtained from 12 normal subjects; young men from eighteen to twenty years, and from 68 subjects suffering from different forms of mental disease. In all but one subject, the reactions of the mentally diseased were shorter than those of normal subjects. In this case, a paralytic dement with progressive epileptic attacks, the reaction time was longer than in any of the normal subjects, thus showing an excess rather than a defect of inhibition. Patini's results agree with those obtained by Libertini in showing a progressive shortening of the reflex time according to the degree and form of the mental disease, but he attaches only a relative value to these results. In the reflexes of the left arm during the voluntary muscular contraction of the right, there was found to be a lengthening of the time, that is to say, the voluntary contraction had an inhibiting effect.

Fatigue increased the variations in the individual reactions. In general, the results of Patini's experiments show that the effects of voluntary contraction, of fatigue and of rest after fatigue in mentally diseased patients differ from those of normal subjects only in degree. The increase of inhibition which was shown by a lengthening of the time in the experiments involving voluntary muscular contraction, was, with the one exception already mentioned, less in insane than in normal subjects. The mean variation of the individual reaction times was, however, greater in insane subjects.

The study as a whole is an interesting contribution to the study of inhibition.

THEODATE L. SMITH.

Contributo allo studio sperimentale della formula endofasica, by
ERRORE PATINI. Premiata scuola tipografico dei sordomuti,
Napoli, 1907. pp. 42.

This is an experimental study of internal speech, following the same lines as Lemaitre's study "*Le Langage interieur des enfants*," published in 1904. Patini experimented with twenty-one subjects, giving them, first, as a test of their introspective ability, a short questionnaire on the character of their mental images. He also makes use of Stricker's method of making his subjects try to pronounce mentally some word containing linguals or dentals with the mouth open and the tongue at rest. Patini's subjects were classified under five types, verbo-motor, visual-motor, auditory-motor, verbo-visual and auditory-visual. Lemaitre made a special category of the symbolic-visual, *i. e.*, of those subjects in which a word was represented by its initial letter or some symbolic object, as the word 'continues' by a chain. Patini, however, thinks that such symbolism, which he finds in eleven of his twenty-one subjects, is probably present in all cases of verbal imagination. He makes a distinction between the symbolism which accompanies the ideas of objects and that which accompanies the abstract idea of relation. The present study is concerned only with the for-

mer. The author also notes some individual peculiarities of symbolic representation, such as the representation of words by certain syllables, by initial letters of certain definite sizes, stamped characters with backgrounds of specific size and form. In two of his subjects he found the individual peculiarity, not referable to endophasia, of being unable to represent a straight line. One subject could form no mental image of a rectilinear triangle because the sides appeared persistently curved. Another subject presented the peculiarity of sometimes thinking of the words as written in large characters with accompanying representation of the movements of writing. Patini also observed among his subjects cases of what he calls multiple endophasia, *i. e.*, those who, under one set of circumstances, represented the words in one way and, under another set of circumstances, in a different form, *e. g.*, one subject who was ordinarily visual always became audito-motor when he mentally repeated poetry. This is neither the indifferent nor the mixed type of Charcot, the former of which includes such subjects as are able to regulate the type of their mental images at will, while the latter represent all verbal images in some one of the mixed types, auditory-motor, visual-motor, etc. Another interesting point which Patini notes is the frequent occurrence of a representative pseudo-chromaesthesia which corresponds in the representative series to the pseudo-chromanethica of sensation. THEODATE L. SMITH.

Studien zur Hirnpathologie und Psychologie, by A. PICK. S. Karger, Berlin, 1908.

In this monograph Dr. Pick describes a case of "*nachstehender Anamnese*" which is of considerable psychological interest. The examination revealed a pronounced disturbance of memory but no loss of sensibility, or, to quote the author, the "*Sensibilitätsstörung* reduces itself to a greatly impoverished localization." For example, the reaction to the prick of a needle, while following promptly upon the sensation, was so inaccurate as to miss the stimulated spot by 20 cm.; moreover, at times the point of stimulation was not localized at all. Disturbances of orientation were most marked for the head and its parts, but not infrequently for other parts of the body also. 'Asked to indicate the right ear with the finger, the patient may respond readily, but in case of the left ear, stops to think, reaches about the table and only after repeated requests finds the ear.' At times the patient is entirely unable to localize the hands. At other times localization of an organ (the nose for example) is not effected until after the hands have been in contact with it for some time. In such a case the movement is, the author tells us, apparently entirely *automatic*. 'If, while her hand is held, the patient is asked to tell where her nose is, she searches for it in the hand that is held, then, tearing her hand loose, grasps it and says, 'Now I did n't see it'.'"

Pick points out that the patient's expressions indicate an absence of visual representation of the parts to be localized. It appears, too, that the so-called automatic movements, taking place before visual imagery was developed, were accurate and apparently normal and *that the visual representations were, in such cases, developed only after the hand came in contact with the parts in question.*

Pick's explanation of these phenomena is that the image of which we normally make use in localization is an optical one; that the first beginnings of the bodily *ego* are compounded of tactile and kinæsthetic sensations, but that gradually these are translated into optical representations until at last the image (of our body) constructed from visual elements has fully taken the place of the tactual kinæsthetic; and that consequently when the visual image is wanting, localization is impossible.

H. C. ROWE.